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ABSTRACT

Abstracts of current publications in the fields of population and family planning are presented in this pamphlet. Topical areas include: demography and social science, human reproduction and fertility control, family planning programs, population policy, and general publications. Research studies, monthly reports, journal articles, and general literature are reported. (BL)

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Demography and Social Science

Bacon, Lloyd. "Poverty among inter-regional rural-to-urban migrants." *Rural Sociology* 36, no. 2 (June 1971): 125–140. 17-1

"Migration and residence data from the 1967 Survey of Economic Opportunity are used to examine the differential incidence of poverty among people of rural origins. Migration within and between the South and the North (the census Northeast, North Central, and West aggregated) is analyzed for Negro-white patterns of movement and associated proportions in poverty. Poverty status, the dependent variable, is operationally defined as a measure of how successfully adults in various residence and migration categories have coped with their environments. A social systems framework is utilized, and a set of theoretical propositions is induced from the findings. These propositions are statements of relationships between social distances traversed and differential selectivity operative in migration." (Author's abstract.)

Borrie, W. D. *The Growth and Control of World Population*. London: Weidenfeld & Nicolson, 1970. 340 pp. 17-2

A general, nontechnical study of world population growth emphasizing the increase in this century and issues to be faced in the future. Chapters include The World Situation: A Summary View; The Numbers Game: Counting Mankind and Measuring Growth; The Population of the Ancient and Medieval World; The Growth of the European Nations in the Eighteenth and Nineteenth Centuries; The Great Migrations; Contemporary Patterns of the Western World; Population Growth in the Developing World: The Asian Giants Latin America, Africa; Population Policies and the State: From Expansion to Control; and Retrospect and Prospect.

Although optimistic about the role of family planning in reducing population growth, Borrie cautions against expecting too much. The attainment of present population program goals in developing countries will still leave them growing at a considerable rate. The historical pattern of nations encouraging population growth is being reversed; how soon and how effectively will determine whether man can avert a population crisis in the next century.

Kendall, Katherine A., ed. *Population Dynamics and Family Planning: A New Responsibility for Social Work Education*. New York: Council on Social Work Education, Inc., 1971. 159 pp. 17-3

An international conference on social work education, population, and family planning explored the relation between social work and family planning and population efforts in a worldwide context and produced recommendations for expanding social work education curricula to include population aspects. The report contains a summary and critique (also available separately) and seven papers: "A Worldwide View of a Universal Problem" by Milos Macura; "Social Work Roles and Opportunities for Service" by Aida Gindy; "Perspectives on National Approaches: Government and the People" by Antonio Ordoñez-Plaja; "Leadership Perspectives: Governmental and Voluntary" by Alan F. Guttmacher; "Social Attitudes toward Population Policies in Less Developed Societies" by Selo Soemardjan; "Systems of Social Work Education: A Worldwide View" by Katherine A. Kendall; and "Education and Training of Social Workers for Roles and Functions in Family Planning" by Lydia Rapoport.

Kruegel, David L. "Metropolitan dominance and the diffusion of human fertility patterns, Kentucky: 1939–1965." *Rural Sociology* 36, no. 2 (June 1971): 141–156. 17-4

"The theory of metropolitan dominance is tested by studying the diffusion of fertility rates and from these data making inferences about the diffusion of social norms relating to fertility. The basic data sources include county population interpolations and projections, birth statistics, traffic flow maps, and census reports. These are used to construct an ecological area typology and nodal metropolitan regions, and to calculate standardized general fertility rates. Analyses by tabular and graphical methods suggest that (1) metropolitan centers partially dominate and organize social norms, (2) the theory of metropolitan dominance is insufficient as a general explanation of the spatial distribution of social norms, (3) the location of intermetropolitan highways is not highly related to the distribution and change of norms, and (4) the concept of subdominance has limited usefulness when applied to cities of small population." (Author's abstract.)

National Academy of Sciences. *Rapid Population Growth: Consequences and Policy Implications*. 2 vols. Baltimore and London: Johns Hopkins Press, 1971. 696 pp. 17-5

The final product of a two-year study supported by the National Academy of Sciences of the social, economic, and political consequences of the world's rapid population growth. Volume 2 is a collection of 17 technical papers, written by prominent figures in the social science and medicine and public health fields in the United States, analyzing the adverse effects of rapid population growth on education, physical and mental health, migration, resource availabilities, political change, food supplies, and the economy. Volume 1 summarizes the conclusions of volume 2 and offers a set of policy recommendations designed to slow population growth, thereby mitigating its undesirable socioeconomic effects. Governments are strongly urged to establish population policies which will make accessible to all families convenient, efficient, and inexpensive means of fertility control including abortion and sterilization. Increased international assistance and accelerated social and biomedical research on population problems are also recommended.

Pakter, Jean and Frieda Nelson. "Abortion in New York City: The first nine months." *Family Planning Perspectives* 3, no. 3 (July 1971): 5–12. 17-6

"In the course of the nine months, women have sought and obtained abortions earlier in pregnancy, complication rates are declining . . . and abortion mortality rates have decreased markedly. Admissions to hospitals for septic abortions have declined sharply, an indication that illegal abortions have been cut back. Births are fewer than for the same period in 1970, averaging about 700 fewer births each month; and out-of-wedlock births also have shown a decline for the first time since such data were recorded for New York City." (Authors' abstract.)

Peterson, E. P. and S. J. Behrman. "Laparoscopic tubal sterilization." *American Journal of Obstetrics and Gynecology* 110, no. 1 (1 May 1971): 24–31. 17-7

"Refinement of endoscopic equipment and technique as well as an increased demand for surgical sterilization has resulted in a renewed interest in laparoscopic tubal sterilization. In the past two years 186 patients have had coagulation and cutting of the Fallopian tubes done in association with laparoscopy. To date one pregnancy has occurred. Fifty patients have had postoperative hysterosalpingograms, and all but one have shown bilateral tubal occlusion. Operative complications have been infrequent with immediate bleeding the most serious. To date laparoscopic tubal sterilization has been an effective procedure with its

major advantages being shortened hospital stay and postoperative recovery." (Authors' abstract.)

Population Growth Estimation Experiment. *Final Report of the Population Growth Estimation Experiment: 1962–1965.* Edited by M. Naseem, I. Farooqui and G. M. Farooq. Dacca: Pakistan Institute of Development Economics, July 1971. 355 pp. 17-8

This is the second and final report of the Population Growth Estimation (PGE) Experiment. The study was conducted in a national probability sample in Pakistan from 1962 to 1965. Presented are estimates of sampling errors for a variety of demographic estimates (chapter 2); a detailed analysis of the office matching and field verification of vital events (chapter 3); and a summary review of the demographic findings of the study and an analysis of response errors in age reporting (chapter 4). In addition, estimates for 1964 and 1965 of the base population (chapter 5), live births (chapter 6), and deaths (chapter 7) are shown. A final chapter presents unraised sample data for 1962 to 1965. An earlier report entitled *Report of the Population Growth Estimation Experiment: Description and Some Results for 1962 and 1963* was published by the Pakistan Institute of Development Economics in December 1968.

Revelle, R., A. Khosla and M. Vinovskis, eds. *The Survival Equation: Man, Resources, and His Environment.* Boston: Houghton Mifflin Co., 1971. 508 pp. 17-9

Thirty-eight readings by 36 authors are organized under the following headings: Populations—Humanity's Problem (future human numbers, determinants and consequences of population growth, controlling human fertility, population policy); Resources, Food and Development (minerals and energy, food problems, economic problems); and The Environmental Crisis. Fifty-two photographs, 13 figures, and 30 tables supplement the text.

Human Reproduction and Fertility Control

Blake, Judith. "Abortion and public opinion: The 1960–1970 decade." *Science* 171, no. 3971 (12 February 1971): 540–549. 17-10

Surveys taken in the United States in 1962 (Gallup), 1965 (National Fertility Study and Gallup), 1968 (two by Gallup), and 1969 (Gallup) queried respondents on their opinions and attitudes toward induced abortion for various reasons. "Abortion to preserve the mother's health or prevent child deformity may be said to be publicly well accepted, while abortion for discretionary ('selfish') reasons receives minimal but, nonetheless, rapidly growing support." The percentages of white men and women who disapprove the legalization of abortion on the grounds of protecting the mother's health, preventing the birth of a deformed child, or for economic reasons were 13, 25, and 68 percent respectively in 1969, compared with 16, 29, and 74 percent in 1962. Details by sex, education, and religion show trivial differences by sex, pronounced differences by educational level with the poorer educated showing greater disapproval, and substantial differences in the expected direction between Catholics and non-Catholics.

Davis, Hugh J. *Intrauterine Devices for Contraception: The IUD.* Baltimore: The Williams & Wilkins Co., 1971. 210 pp. 17-11

A comprehensive compendium of present knowledge about intrauterine devices including history, demographic considerations, and mechanism of programs. It covers the total picture of IUD technology—design, performance data, availability, insertion techniques, determining use-effectiveness, and patient management. A bibliography is included.

Family Planning Association. *Contraception Today: A Medical Text Based on the Proceedings of the FPA Medical Training Conference in York, Bristol, and London* 1970. London: FPA, 1971. 189 pp. 17-12

The text is based on three medical training conferences organized by the Family Planning Association of the United Kingdom in the fall of 1970 to acquaint family planning physicians with advances and research in oral and chemical contraceptives, intrauterine devices, sterilization, carcinoma and oral contraceptives, and cervical cytology and vaginal discharge.

Goldsmith, Sadia and Alan J. Margolis. "Aspiration abortion without cervical dilation." *American Journal of Obstetrics and Gynecology* 110, no. 4 (15 June 1971): 580–582. 17-13

Aspiration abortions on 67 conscious patients with pregnancies of ten weeks or less were performed successfully without cervical dilation and with minimal risk of perforation, with the use of a 6-mm-diameter flexible plastic cannula (Karman). Four other women required slight dilation of the cervix to complete the abortion. There was no significant morbidity in any patient. This technique should be useful in future large-scale abortion programs in licensed clinics, and avoidance of cervical dilation may decrease the incidence of premature deliveries in subsequent pregnancies.

Kistner, R. W. "The pill on trial." *American Journal of Obstetrics and Gynecology* 109, no. 8 (15 April 1971): 1118–1127. 17-14

An analysis of the Nelson Committee Hearings held by the Monopoly Subcommittee of the Senate Small Business Committee in Washington, D. C., in January 1970. The purpose of the hearings was "to determine whether users of the Pill are adequately warned about demonstrated side effects and suspected complications."

Markle, Gerald E. and Charles B. Nam. "Sex predetermination: Its impact on fertility." *Social Biology* 18, no. 1 (March 1971): 73–83. 17-15

Sex predetermination will be practiced by many married couples in the near future. The work aimed at separating X and Y sperm through centrifugal force and electrophoresis is making this increasingly possible. Acid and alkaline douches were thought to be possible techniques for X and Y sperm separation 30 years ago, but subsequent research has proved inconclusive. The ability to predetermine the sex of offspring has important demographic implications when effects on first-child patterns, sex ratios, and family size are considered. Estimates indicate a possible 7 percent increase in male children for the United States and a subsequent decline in family size. Seventy-six percent of those surveyed chose a boy for their first born and 74 percent desired a girl for their second child. For subsequent offspring there was no strong sex preference. Twenty-six percent of the individuals questioned approved predetermination of sex, 33 percent were undecided, and 40 percent were opposed. Married couples approved more of sex predetermination than single people; Catholics were more opposed to it than Protestants, who in turn were more opposed than individuals not listing any religious affiliation. Pill use was more popular than artificial insemination as a method of predetermining sex.

Pakter, J., E. Harris, and F. Nelson. "Surveillance of abortion: Program in New York City." *Bulletin of the New York Academy of Medicine* 47, no. 8 (August 1971): 853–874. 17-16

A total of 44,000 abortions was performed in New York City from 1 July to 31 December 1970, of which 56 percent were performed on nonresidents. Of the abortions performed on residents of the city, over 80 percent were done in municipal and voluntary hospitals. Of the resident patients, 40 percent were black, 9 percent were Puerto Rican and the remainder was white. Among the nonresidents, more than 90 percent were white. The ratios of abortions to births by ethnic group were 262.8 per 1,000 for white women, 345.9 for nonwhite women, and 141.4 for Puerto Rican women. About three-fourths of all induced abortions were performed during the first three months of pregnancy, and the trend over the six-month period revealed an increasing proportion of terminations occurring early in gestation. The most frequently employed method was suction curettage. Complications following abortions increased with gestational age. Of the 12 maternal deaths associated with abortion during that period, five were in hospitals, one was in a doctor's office, and six were classified as illegal abortions.

Sandberg, E. D. and R. I. Jacobs. "Psychology of the misuse and rejection of contraception." *American Journal of Obstetrics and Gynecology* 110, no. 2 (15 March 1971): 227–239. 17-17

"While many of the reasons for misuse or rejection of contraception are included within the commonly discussed areas of contraceptive knowledgeability, acceptability, availability, cost, religious proscription, etc., innumerable other reasons, principally in the psychological and interpersonal relationship realm, are also operative, consciously and unconsciously, in both partners." These reasons, including guilt or shame associated with contraceptive use, desire for pregnancy due to sexual insecurity or masochism, and apathetic acceptance of pregnancy as inevitable, are discussed with regard to contraceptive behavior. Contraception alone will not eliminate population growth and the solution to the population crisis requires new social, psychological, political, and attitudinal approaches.

Sandler, M. and B. Billings. "The pill: Biochemical consequences." ***Journal of Clinical Pathology*** **23, suppl. 3 (1970): 1–82. 17-18**

A report of a symposium organized by the Association of Clinical Pathologists and the Association of Clinical Biochemists delivered in London on 27 September 1969 covers the effects of oral contraceptives on liver function; cortisol, carbohydrate, and trypophan metabolism; monoamine oxidase activity; and blood, plasma renin, renin substrate, and corticosteroids. It also discusses relations between oral contraceptives and serum lipid levels, thromboembolic disease, blood clotting, and platelet abnormalities.

Segal, Sheldon J. "Beyond the laboratory: Recent research advances in fertility regulation." ***Family Planning Perspectives*** **3, no. 3 (July 1971): 17–21. 17-19**

"New possible means of contraception based on no fewer than nine different modes of action have reached the stage of clinical investigation with human subjects; differing modes of administration now being tested with humans could result in 15 different contraceptive modalities. Several of these innovations involve hormonal interventions which may not eliminate current concerns about adverse reactions associated with continuous, long-term drug administration; but a number of the new methods under study are mechanical, or require only intermittent drug administration, a feature which may serve to reduce levels of medical anxiety." (Author's abstract.)

Tejuja, S. "Clinical significance of hemoglobin levels in users of the IUD—a four-year study." ***American Journal of Obstetrics and Gynecology*** **110, no. 5 (1 July 1971): 735–736. 17-20**

Initial hemoglobin levels were determined in 216 multiparous women and then at intervals of 3, 6, 12, 24, 36, and 48 months after IUD insertion. Although the mean value dropped a little initially, no significant difference in mean values was noted over the four-year period. During the first year a heavier menstrual flow was noted in about 40 percent of the women, which resulted in somewhat lower hemoglobin values for them. Although in subsequent months the amount of menstrual flow gradually decreased, about 30 percent of these women requested IUD removal for this reason.

Family Planning Programs

Bhandari, V. and U. Bhandari. "Indigenous dais: A study of 50 cases." ***Family Planning News*** **11, no. 2 (February 1970): 11–13. 17-21**

Dais handle approximately 34 births per year according to a study of 50 dais in 33 villages served by the Rural Health Training Center in Najafgarh, New Delhi, India. Their income depends on the financial position of the couple and the sex and parity of the child, with higher payments for sons and for first births. Payments are made in cereals, cloths, and rupees. Of the 50 dais interviewed, 32 stated that they had not referred women to family planning clinics, although 42 claimed that village women had asked them for advice on birth control. "If their cooperation and participation in the [family planning] programme is to be achieved, something has to be done in suitably compensating them for loss of income."

Dryfoos, Joy G., Frederick S. Jaffe, Daniel R. Weintraub, Jean P. Cobb, and Carita Jo Bernisohn. "Eighteen months later: Family planning services in the United States, 1969." ***Family Planning Perspectives*** **3, no. 2 (April 1971): 29–44. 17-22**

A second national study of family planning needs and services in the United States, conducted by the Center for Family Planning Program Development, found that in 1969 only about 1.1 million, or one-fifth, of the 5.4 million women estimated to be in need of subsidized family planning services were receiving help from organized public and private programs. Although there were significant gains between mid-1968 and the end of 1969 in the number of reported patients and of counties and agencies reporting organized programs, there was considerable unused potential throughout the country. Services continued to be concentrated in relatively few populous counties. Very few agencies (122 of almost 2,000 reporting provider agencies) served 55 percent of all patients reported in 1969. Most counties and agencies had very small programs, each serving fewer than 500 women in 1969, and in many areas health resources (including more than 4,000 hospitals accounting for 60 to 65 percent of low-income births and nearly 1,000 health departments) which could have supplied family planning services did not.

Ford Foundation. ***India's Family Planning Programme: A Brief Analysis.*** **New Delhi, July 1971. 39 pp. 17-23**

Contains brief discussions and charts on the economic consequences of population growth in India, the organization and achievements of the government of India Family Planning Program during the 1960s, and the costs and benefits of the program.

Hong, Sung-bong. ***Changing Patterns of Induced Abortion in Seoul, Korea.*** **Seoul, 1971. 115 pp. 17-24**

Following the pattern of his previous survey in the same geographic area in 1964, Dr. Sung-bong Hong conducted a resurvey of the rates and associated socioeconomic factors of induced abortion in the Sungdong-Gu district of Seoul, Korea, from February to April 1970. Major findings include the following: (1) In the 1970 survey, 43 percent of the wives aged 20–44 admitted having experienced one or more induced abortions compared with 25 percent in the 1964 survey. (2) Abortions rose from 17 percent of pregnancies in 1961 to 31 percent in 1963 to 40 percent in 1969. (3) The fraction of lifetime pregnancies terminating in abortion doubled from 12 percent for the 1964 survey to 24 percent for 1970 survey respondents. (4) At 1963 age-specific rates, married women would have 3.2 abortions and 5.8 births by age 45; at 1968 rates, comparable figures are 3.2 abortions and 4.6 births. (5) In 1964 induced abortion was strongly and positively correlated with education and occupational and economic status, being much more common among the higher status groups. These correlations persisted but in much attenuated form in 1970. (6) Since the national family planning program and developing commercial contraception are competitive with induced abortion in controlling family size, exposure to the risk of abortion is being reduced. The ratio of abortions to pregnancies has continued to rise. (7) The practice of induced abortion is not strongly related to place of birth. (8) Most of the induced abortions are performed by qualified physicians using the D & C method in a private clinic, from which access to hospital blood banks is rapid. The average cost is US $9.00, the wages of three to four days of unskilled labor. (9) In three-fourths of all the abortion cases, the woman could resume normal activities within 48 hours. Complaints occurred in 25 percent of the cases, but only 12 percent were judged severe. (10) Although widely disapproved, abortion is tolerated and widely resorted to when necessary. Three-fourths of the women with induced abortion disapprove of it; two-thirds of them reported guilt feelings, 12 percent severe guilt. (11) Improved contraceptive use frequently follows abortion, and abortion frequently follows contraceptive failure. Contraception and abortion are competitive methods of controlling family size, but each offers supplementary protection to the other.

The data were derived from personal interviews with a probability sample of 2,228 respondents.

Lippard, Vernon W., ed. ***Macy Conference on Family Planning, Demography, and Human Sexuality in Medical Education.*** **Conference on Population and Family Planning in Medical Education, Williamsburg, Va., November 1970. New York: The Josiah Macy, Jr., Foundation, 1971. 149 pp. 17-25**

The emergence of new attitudes on sexuality, contraception, and abortion, and the spotlighting of population growth as a vital factor in the human environment require a new and increased emphasis on these subjects in educating medical and paramedical personnel. Such emphasis will necessarily be interdisciplinary, drawing from social, biological, and behavioral knowledge. Fourteen papers are presented by leading consultants on: "Recent Trends and Developments in Medical Education in Family Planning and Human Sexuality;" "The Genesis of the Family Planning Movement in Historical Perspective;" "Misconceptions Concerning Contraception;" "Student Objectives, Didactic Resources, and Faculty Models in Family Planning Education;" "Introduction to Reproduction;" "The Population Awareness Corps at Emory University School of Medicine;" "Instruction in Family Planning at the University of Puerto Rico School of Medicine;" "Instruction in the Techniques of Family Planning at Cornell University Medical College;" "Instruction in Family Planning and Related Subjects in European Medical Schools;" "Demography in the Medical Curriculum;" "Attitudes of Medical Educators toward Integrating Family Planning with Human Sexuality;" "Techniques in Teaching Medical Students to Take a Sexual History;" "Pornography and Medical Education;" and "Instruction in Human Sexuality within the Framework of a Course in Medical Ethics." A panel discussion on instruction of the practicing physician, a bibliography on population and family planning for use in medical education, and a suggested course outline for medical students follow.

Ruprecht, Theodore K. and Carl Wahren. *Population Programmes and Economic and Social Development.* Paris: Development Centre Studies. Organization for Economic Cooperation and Development, 1970. 141 pp. 17-26

Population growth in developing countries is taking place under widely different economic and social conditions. The concept that a larger population produces a larger market is not useful because the economic growth parameters must change to offset higher growth rates and the necessary changes increase the difficulties of development. A slowed rate produces a more developed economic structure and makes the problems of education, health, and housing easier to deal with. The time it takes to evaluate properly the effects of demographic change precludes the use of satisfactory current economic criteria to rule out the existence of a potential population problem.

Government population policies or government acceptance of voluntary programs now exist in about 60 developing countries. Foreign assistance is relatively high but important in securing necessary research, training, and evaluation of methods and results.

An estimate of the impact of institutionalized family planning from 1964 to 1968 is given, along with factors which may tend to decrease the momentum unless additional contraceptive breakthroughs are made.

Westheimer, Ruth K., Stuart H. Cattell, Elizabeth Connell, Sherwin Kaufman, and Donald P. Swartz. "Use of paraprofessionals to motivate women to return for postpartum checkup." *Public Health Reports* 85, no. 7 (July 1970): 625–635. 17-27

A project, undertaken with the cooperation of two municipal hospitals, tested the hypothesis that paraprofessionals can be trained to motivate women discharged from obstetrical services to return for postpartum or postabortal checkup and family planning services. Eleven paraprofessionals recruited from the neighborhoods of the two hospitals were trained to administer a detailed questionnaire and to deliver information and education regarding postpartum and family planning services to the women. During the 27-month project, 1,841 patients who failed to keep their postpartum examination appointments were referred to the paraprofessional staff for follow-up. In three groups, they were given different follow-up treatments, the maximum treatment being a telephone call, a reminder letter, and a home visit. Many were difficult to locate. The results suggest that home visits to appointment failures after an interval of ten weeks were not worthwhile and that telephone contacts, where possible, were the more cost-effective procedure. In conclusion, the use of paraprofessionals was a success, but more attention should be given potential acceptors before hospital discharge when it may be possible to establish a personal relationship in an otherwise impersonal setting. Patients requiring special attention because of their lower postpartum return rates were abortees, older women of higher parity, and single women. The authors strongly recommend that the postpartum clinic be combined with the family planning clinic to avoid unnecessary gynecological examinations, which most patients fear and dislike.

Population Policy

Pilpel, Harriet F. and Nancy F. Wechsler. "Birth control, teenagers and the law: A new look, 1971." *Family Planning Perspectives* 3, no. 3 (July 1971): 37–45. 17-28

State-by-state information is presented on legislation relating to the treatment of minors for contraception, venereal disease, and pregnancy. In the two years since a previous survey of the "legal problems faced by minors in obtaining birth control services and by physicians in dispensing services to them without parental consent . . . numerous states have passed statutes permitting minors to consent to their own health care . . . . In addition, no physician or institution has been sued or prosecuted, so far as is known, for providing contraception to a minor without parental consent. The major medical organizations have also gone on record in support of providing contraception to sexually active teen-agers, with or without parental consent."

Pohlman, E. *Incentives and Compensations in Birth Planning.* Chapel Hill: Carolina Population Center, 1971. 137 pp. 17-29

A discussion of incentives to control population growth including the type of incentive offered (monetary or social benefit and employment or educational opportunities) and the behavior to be induced (contraception, sterilization, child spacing). Existing and proposed incentive programs in various countries are reviewed in terms of their economic costs and benefits, the reactions they may evoke, and possible future uses.

General

Adolph, José B. "The South American macho: Mythos and mystique." *Impact of Science on Society* 21, no. 1 (January–March 1971): 83–92. 17-30

Roles in Latin American society are characterized by the dominant male and the submissive female. The male is by nature a subjugator, intent upon proving his virility through countless love affairs if he has not married by a certain age. Women are either good, marriageable virgins or promiscuous.

Although the media are beginning to reflect a sexual revolution and interest in birth control, the effect on society has been slight. The mass media perpetuates stereotyped images of male and female to keep women in a dependent position in the home. The present generation has also been influenced by the cinema image of the male over the past 30 years depicted as antisocial yet representative of official morality and delighting in making conquests of featherheaded females.

The basis for the dominant, rational, calculating male and the romantic, intuitive, dependent female has deep roots in Catholic sexual morality and slave sensuality. Men are both aggressive and God-fearing, adoring yet resenting their mothers, and wishing to punish the priest who taught them to adore the virgin. Women may become sexually unsatisfied or manhaters. Such an ethic helps produce the frustrated homosexual. At present male supremacy represents and reinforces the status quo in society. An egalitarian recognition of differences between men and women, of women as human beings, will not occur until the traditional molds of society have been shaken and changed.

Brugger, William. "The male (and female) in Chinese society." *Impact of Science on Society* 21, no. 1 (January–March 1971): 5–19. 17-31

There has been little change in male-female roles within the family for the vast majority of people in China despite government efforts in the past 20 years to give women equality with men.

The changes that have occurred in this century are more the result of economic forces than of legal measures. Rural-urban migration due to loss of land and the increasingly rapid growth of industrialization were probably the most important elements in disrupting the old-style patriarchal family. Propaganda campaigns in the press, conferences, novels and plays extolling the need for sexual equality, and changes in the marriage law have had little impact on the masses to date.

Probably the most effective institutional changes brought about by the present regime are increased educational opportunities, participation of women in local government, the creation of day-care centers, and the introduction of a work-points system of remuneration giving women an independent earning capacity. A higher standard of living has permitted peasants and factory workers of both sexes to purchase bicycles or motorbicycles. The resulting mobility and shorter working shifts have allowed couples to spend more time together. Family size is smaller than before, but couples continue to desire children until they have at least one living son.

THE POPULATION COUNCIL

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